



Review



Choose



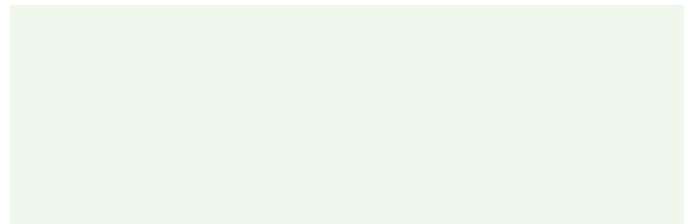
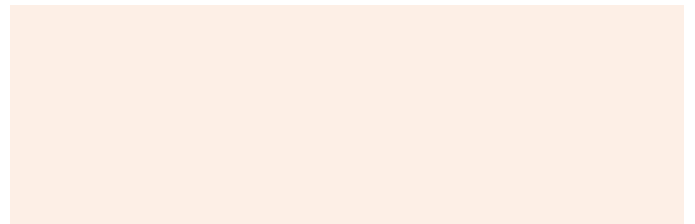
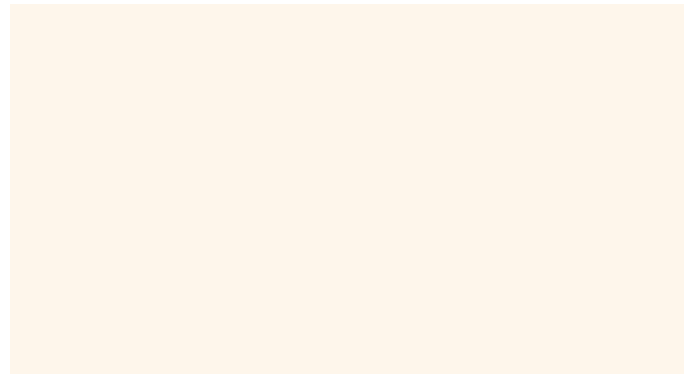
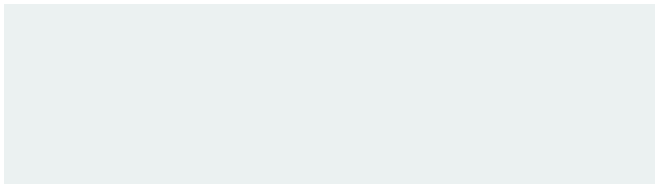
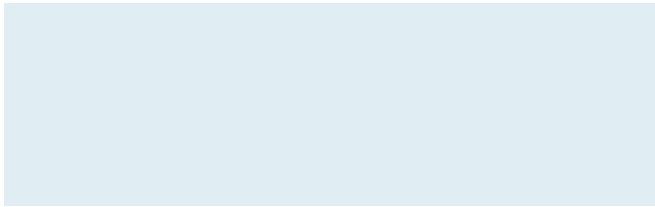
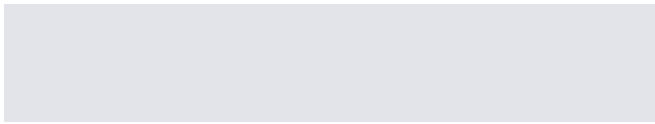
Enroll


A Guide to Your 2020 Benefits

**NURSES ENROLLED IN BRIGHAM AND WOMEN'S
FAULKNER HOSPITAL POST-TAX PLANS***

*Represented by collective bargaining agreement

Inside this Guide



HELPFUL TIP: Tap on **Table of Contents** on the top of each page to be redirected back to this page. 



This guide contains a general overview of the post-tax benefit plan available to BWFH post-tax nurses. BWFH nurses may choose to enroll in pre-tax or post-tax benefits at time of hire or during Open Enrollment. You can find full descriptions of our pre-tax plan in the enrollment guide for BWFH weekly-paid employees, and the answers to many of your benefits questions on [Ask myHR](#), your one-stop HR and benefits information resource. Access [Ask myHR](#) at www.AskMyHRportal.com to see your:

- Rate Sheet
- Medical Plan Comparison Chart
- Dental Plan Summaries
- Retirement Overview Booklet
- Investment Options Guide
- HIPAA, COBRA, CHIP, FMLA and other notices outlining your legal rights
- Summary Plan Descriptions, Summaries of Benefits and Coverage and other plan documents
- Plus much more!

If you need assistance, please contact the [HR Support Center](#) by submitting an [online request](#) or calling [1-833-Ask-MyHR \(1-833-275-6947\)](tel:1-833-Ask-MyHR).

CHOOSING AND UPDATING YOUR BENEFITS

NEWLY-ELIGIBLE EMPLOYEES HAVE 30 DAYS TO ENROLL IN BENEFITS.

Each year there is a fall **Open Enrollment period**. During Open Enrollment, employees can make changes to their benefits for any reason. All choices become effective January 1 of the following year.

ENROLL IN YOUR BENEFITS USING ASK *myHR*.

1 Go to the **Ask myHR** portal at www.AskMyHRportal.com. If you are accessing **Ask myHR** from outside of work, you must log in with your username and password and enter a confirmation code, delivered via text message or phone call to a phone number you have pre-registered.

You can register or update a phone number at: <http://myprofile.partners.org>

2 Once in **Ask myHR**, click **myBenefits** at the top of the screen. You will be redirected to PeopleSoft Self Service where you will enter your PeopleSoft password. If you are at home, you will need to login using your username and password.

3 On the **Benefits Enrollment page**, click **Start**. An enrollment screen showing your benefits choices will appear. Click tiles individually to enroll in or update each benefit for which you are eligible. Make sure to enroll any dependents (and select the checkbox) before selecting your plan. The blue information button next to the plan selections will give more details including cost comparisons. Click **Done** after each tile you change. Once you have made all changes, hit the **Submit Enrollment** button. Your status will then be changed to "Submitted." To view a benefits summary of your elections, click the **Review Selections** button.

If you need assistance, please contact the **HR Support Center** at **1-833-Ask-MyHR (1-833-275-6947)**.



You must enroll in your benefits via PeopleSoft **myBenefits** within **30 days of your benefits eligibility date (for most employees, your date of hire)**. Benefits are effective on your first day of eligibility and deductions will be retroactive to that day.

QUALIFIED CHANGE OF STATUS

After the enrollment deadline has passed, under IRS regulations you may not add, change, or cancel your benefit elections until the next plan year, unless you have a qualified change of status.

A qualified change of status can include:

- Marriage or divorce
- Addition of a dependent through birth, adoption, or change in custody
- Death of spouse or dependent
- Gain or loss of eligibility for Medicaid, Medicare, or other group coverage
- You, your spouse, or your child (up to age 26) change from benefits-eligible to benefits-ineligible status, or vice versa
- Your spouse's employment ends

MAKING YOUR CHANGE

1 Within 30 days of your change of status event, go to the **Ask myHR** portal at www.AskMyHRportal.com. If you are accessing **Ask myHR** from outside of work, you must log in with your username and password and enter a confirmation code, delivered via text message or phone call to a phone number you have pre-registered. **You can register or update a phone number at:** <http://myprofile.partners.org>

2 Once in **Ask myHR**, click **myBenefits** at the top of the screen. You will be redirected to PeopleSoft Self Service where you will enter your PeopleSoft password. If you are at home, you will need to login using your username and PeopleSoft password.

3 Click **Life Events**. Indicate the appropriate Life Event and follow the instructions.

If you need assistance, please contact the **HR Support Center**. While making your change, if you have questions about your benefit plan options, please refer to the Summary Plan Description on **Ask myHR**.

YOU MUST MAKE YOUR BENEFIT CHANGE WITHIN 30 DAYS OF YOUR QUALIFYING EVENT.

Your benefit change must be consistent with your change of status. If you have a baby, for example, you may change your medical coverage level from employee to employee and family within 30 days of your child's birth.



UNDERSTANDING YOUR ELIGIBILITY FOR BENEFITS

EMPLOYEE ELIGIBILITY

YOU ARE ELIGIBLE FOR BENEFITS IF YOU ARE A WEEKLY-PAID BRIGHAM AND WOMEN'S FAULKNER HOSPITAL RN REGULARLY SCHEDULED TO WORK AT LEAST 16 HOURS PER WEEK.



Your eligible dependents for medical, dental, and life insurance are:

- your **legal spouse**,
- your **dependent children under age 26**, and
- your **legal spouse's dependent children under age 26**.

ADDING YOUR DEPENDENT CHILD TO YOUR BENEFITS

You can add your child who is under age 26 to your medical and/or dental coverage by going into [Ask myHR](#) when you are newly eligible for benefits, during Open Enrollment, or if you experience a qualifying life event.

If you are a permanent legal guardian, you may add the child for whom you are a permanent legal guardian to your coverage. Proof of your guardianship may be required.



PLEASE NOTE: In order to satisfy government reporting requirements, you must provide your spouse's and all dependents' Social Security numbers and dates of birth when enrolling them on your benefits plans.

CHILDREN AGE 26 AND OLDER

Coverage for your or your legal spouse's dependent child will end automatically on the last day of the month in which the child turns age 26, at which time they will be offered COBRA.

Dependent children with disabilities who are over age 26 are eligible for the medical and dental plans, and child life insurance if coverage has been continuous and they have applied for and been approved by the carrier for coverage within 30 days of when they would normally lose coverage.

Please contact the **HR Support Center** before their 26th birthday for details.

BWFH RESERVES THE RIGHT TO REQUEST DOCUMENTED PROOF OF A DEPENDENT'S ELIGIBILITY FOR COVERAGE.

Examples of documentation include, but are not limited to:

- Marriage license
- Birth certificate or adoption paperwork that name either the employee or the employee's spouse as the parent
- Legal Guardianship paperwork that names the employee or the employee's spouse as the Legal Guardian



BUILDING YOUR FOUNDATION

EMPLOYEE BENEFITS REPRESENT A SIGNIFICANT PORTION OF TOTAL COMPENSATION FOR EMPLOYEES AND THEIR FAMILIES. WE ARE PLEASED TO OFFER A COMPREHENSIVE BENEFITS PACKAGE TAILORED TO MEET YOUR NEEDS. FOR MORE INFORMATION ON BENEFIT COSTS, PLEASE SEE YOUR RATE SHEET ON [Ask myHR](#).

MEDICAL

BWFH OFFERS TWO MEDICAL PLANS FOR NURSES WHO ENROLL IN THE POST-TAX PROGRAM:

ALLWAYS HEALTH PARTNERS HMO	TUFTS TOTAL HEALTH PLAN
<ul style="list-style-type: none"> Most inpatient and outpatient services are covered in full. 	<ul style="list-style-type: none"> Most inpatient services are covered in full. There is a \$10 co-pay for outpatient physician visits.
<ul style="list-style-type: none"> There is no deductible; the out-of-pocket maximum is \$2,500/\$5,000 (individual/family). 	<ul style="list-style-type: none"> There is no deductible or out-of-pocket maximum.
<ul style="list-style-type: none"> A \$25 co-pay applies for hospital emergency room visits, which is waived if you are admitted. 	<ul style="list-style-type: none"> A \$50 co-pay applies for hospital emergency room visits, which is waived if you are admitted.
<ul style="list-style-type: none"> Physical therapy is covered 100%, up to 90 consecutive days per condition. 	<ul style="list-style-type: none"> Physical therapy is covered with a \$10 co-pay up to 60 consecutive days per condition.



FOR MORE DETAILS ON CO-PAYS AND OTHER OUT-OF-POCKET COSTS, please see your medical plan comparison chart, available on [Ask myHR](#).

REGARDLESS OF WHICH POST-TAX MEDICAL PLAN YOU ENROLL IN:

- You must choose a primary care physician (PCP) to direct your care.
- Pre-admission certification is required for inpatient stays.
- Maternity care is covered in full.
- Home health services are covered in full (certification may be required).
- Hearing aids are not covered, except for children up to age 22.



PRESCRIPTION DRUGS

- When you enroll in a medical plan, prescription drugs are covered by CVS/caremark.
- You pay lower out-of-pocket costs for generic medications than for medications designated as preferred or non-preferred brand names. See the list of covered medications (also referred to as the “formulary”) on [Ask myHR](#).

SHORT-TERM MEDICATIONS	LONG-TERM MEDICATIONS
<p>Fill 30- or 60-day prescriptions for medications such as antibiotics at a CVS/caremark network pharmacy. The network comprises more than 67,000 pharmacies nationwide, including chain pharmacies, independent pharmacies and CVS/caremark stores.</p>	<p>All long-term medications for chronic conditions (such as diabetes, birth control) must be filled as a 90-day supply either through CVS/caremark mail service or a CVS pharmacy location. Filling these medications in a 90-day supply saves you one co-pay for each refill and avoids a penalty.</p>



DENTAL

Your Dental Plan options

You can choose the **Basic Dental** or **Major Dental** plan.

Both plans:

- Provide 100% coverage for routine cleanings and diagnostic services.
- Have an annual deductible
- Reimburse a percentage of minor and major restorative treatment
- Have a maximum annual benefit
- Orthodontia coverage is only available under the Major Plan.

If you expect to utilize the plan beyond routine cleanings you may want to consider the Major plan, which has a lower deductible, higher annual maximum and higher reimbursement for minor restorative treatments.

See the Dental Summaries posted on [Ask myHR](#) for more details.



TO FIND A DENTIST: Visit www.deltadentalma.com, click “**Find a Dentist**” and choose Delta Dental PPO, then follow the instructions. Dentists listed as Delta Dental PPO are in both the PPO and Premier networks. Dentists listed under Delta Dental Premier are in the Premier network only. Your costs are less if your dentist participates in the Delta Dental PPO network.



DOWNLOAD THE DELTA DENTAL APP FROM THE APP STORE OR GOOGLE PLAY.

Search for a dentist online, manage your dental claims, check coverage, and much more right from your mobile device.

CHOOSING YOUR LEVEL OF COVERAGE



Medical and Dental coverage may be elected for:

- employee only
- employee and family (for eligible dependents)



PROTECTING YOU AND YOUR FAMILY

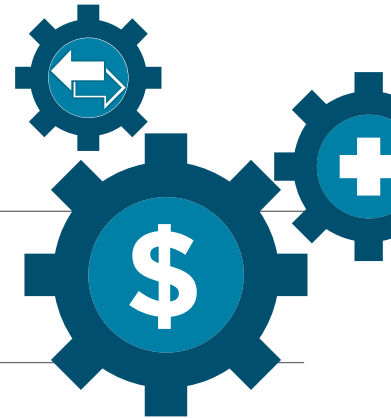
BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

- You are enrolled automatically in your choice of coverage equal to 1x your annual salary (\$500,000 maximum in each program) or \$50,000. There is no cost to you for this coverage.
- Amounts in excess of \$50,000 are subject to imputed income according to IRS rules.
- Benefit coverage reductions may apply after age 65.

SUPPLEMENTAL LIFE AND AD&D INSURANCE: EMPLOYEE, SPOUSE, CHILD



YOU MAY PURCHASE ADDITIONAL GROUP LIFE AND/OR AD&D INSURANCE for you, your spouse and/or your dependents.



- You pay for this coverage.
- You may elect up to 8x your annual salary (maximum of \$2 million). Newly eligible employees can elect up to 4x base salary, up to \$800,000, without providing proof of good health.
- During the annual benefits Open Enrollment or within 30 days of a Qualified Change of Status event, you may increase your life insurance coverage by 1 times your annual base salary. If you elect more than 1 times your annual salary, or more than \$800,000 in coverage, you must provide proof of good health.
- You can purchase spouse term life insurance and/or AD&D coverage up to \$200,000. You can purchase child term life insurance and/or AD&D insurance up to \$20,000 when newly eligible, during Open Enrollment or within 30 days of a Qualified Change of Status event.
- Spouse life coverage for \$50,000 and over requires proof of good health. Proof of good health is not required for amounts lower than \$50,000 if your spouse is enrolled within 30 days of initial eligibility or marriage.
- Proof of good health is not required for dependent life coverage.

BUSINESS TRAVEL ACCIDENT INSURANCE

- You are enrolled automatically in coverage equal to 5x your annual salary (\$2 million maximum).

IT IS IMPORTANT TO NAME AND UPDATE BENEFICIARIES FOR YOUR LIFE INSURANCE BENEFITS so that the right people receive the proceeds should you die. Please review your beneficiaries at least once a year, or when you have a major life event such as a marriage, birth, divorce, or death.

For instructions on naming and updating your beneficiaries, visit [Ask myHR \(askmyhrportal.com\)](https://askmyhrportal.com) and enter the search term **"beneficiaries"**.

NOTE: Do not assume that if someone is listed as dependent, they are automatically a beneficiary. *Beneficiaries must be elected for each separate benefit (Basic Life and AD&D, Optional Life and AD&D, Retirement).*

SHORT-TERM DISABILITY (STD) PLAN

- You are enrolled automatically in coverage equal to 60% of your base pay for up to 13 weeks (\$2,000 weekly maximum, offset by Workers' Compensation). There is no cost to you for this coverage.
- A buy-up option to 75% of your base weekly salary (up to \$2,500 a week) is available. You pay for this extra coverage. Proof of good health is required if not elected within 30 days of your initial eligibility.
- There is a 14-day elimination period.
- You may use Earned Time (ET) to supplement STD for up to 100% of your pay.
- A Partial Disability benefit is available if you have a 20% income loss due to disability during 2 consecutive weeks.
- Your STD benefit is taxable income.

LONG-TERM DISABILITY (LTD) PLAN

- BWFH offers an optional long-term disability (LTD) plan: You may elect coverage of 60% of your earnings (up to \$5,000 a month, offset by Workers' Compensation and Social Security disability benefits) after 90 days of disability.
- The maximum length of payment is determined by your age at the time of disability.
- Benefits continue while you remain disabled or until age 65; if you are 60 or older when you become disabled, benefits continue for up to five years, but not less than one year.
- Proof of good health is required if not elected within 30 days of your initial eligibility.
- Your LTD benefit is non-taxable income.



PREPARING FOR THE FUTURE

CASH BALANCE RETIREMENT PLAN

- Employees over age 21 who have completed a year of service are eligible.
- Each year that you work at least 1,000 hours, your employer credits your account based on age plus years of service (1.5% to 4.5% of base pay):

Age plus years of service	Annual credit as a percentage of base pay
Less than 35	1.5%
35 to 44	2%
45 to 54	2.5%
55 to 59	3%
60 to 64	3.5%
65 to 69	4%
70 or more	4.5%

- Annual interest is guaranteed to be at least 5%.
- Contributions are vested after completing three years of service (you must work at least 1,000 hours each year).
- Grandfathering may apply based on hire date. Visit [Ask myHR](#) for more information.



IT IS IMPORTANT TO NAME AND UPDATE BENEFICIARIES FOR YOUR RETIREMENT BENEFITS so that the right people receive the proceeds should you die. For instructions on naming and updating your beneficiaries, visit [Ask myHR](#) and enter the search term “beneficiaries”.

403(b) RETIREMENT SAVINGS PLAN

- You are enrolled automatically at a 2% per-pay period contribution. You may change your deferral rate or opt out of contributing at any time.*
- Choose Traditional (pre-tax) and/or Roth (after-tax) contributions.
- You default automatically to the appropriate Vanguard Target Date Fund based on your age, or you may change to a wide range of investments from Fidelity and TIAA.



After you meet eligibility requirements, your employer will match 50% OF THE FIRST 2% OF PAY THAT YOU CONTRIBUTE to your 403(b) each pay period.

- You are vested immediately in your own contributions and vested in the employer match after three years of vesting service (1,000 hours worked).

* Under auto-enrollment rules, employees cannot be reimbursed for contributions already deducted from paycheck(s). Contributions are subject to annual limits set by the IRS.

RETIREE MEDICAL SAVINGS ACCOUNT (RMSA)

- Benefits-eligible employees age 50 or older can save for retirement medical expenses by contributing a certain amount from each paycheck – up to \$4,500/year – toward a retirement medical savings account.
- During Open Enrollment, you can enroll in a RMSA via PeopleSoft. To enroll in a RMSA at other times of the year, please contact the **HR Support Center**.
- When you enroll, your employer provides a match of 50% of the first \$1,500 you contribute, up to \$750 a year and \$11,250 over the course of your employment.
- You may change your contribution amount or stop contributing at any time. If you stop, your employer match stops as well.
- You receive guaranteed credits of at least 5% per year.
- Participants become vested under the RMSA plan when they have reached age 55 and completed 5 years of vesting service under their pension plan. If you are vested, you may qualify for an employer-sponsored group medical plan when you retire.

SUPPORTING YOU IN OTHER WAYS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Free, confidential consultation, short-term counseling, resources and referrals are available for work/life, family or personal concerns.
- Visit <http://eap.partners.org> for details.

TUITION REIMBURSEMENT

- Full-time employees are eligible to receive up to \$2,500 per calendar year to pay for academic courses taken for credit at an accredited educational institution.
- This benefit is prorated for part-time employees who work 24 hours or more.
- Reimbursement is not available for books and fees.
- If you are attending a Massachusetts state college or university, the Hospital, in its discretion, will pay fees that are surrogates for tuition.

TRANSPORTATION

- BWFH is easily accessible by public transportation. Monthly discounted MBTA passes are available through a pre-tax payroll deduction.
- Parking is available on a limited basis.

PERKS AND OTHER BENEFITS

- The **Perks Program** offers discounts on many goods and services, including mobile phones, movie and museum passes, hair styling, theater shows and amusement park tickets.

